

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name NYS LABORERS COOPERATION AND EDUCATION TRUST

Trade Name if any LECET

P O Box Bldg Room No if any

Street 18 CORPORATE WOODS BLVD

City ALBANY

State New York ZIP Code + 4 12211

## 9 Business deals with

- ☒ a Labor Organization  
☐ b Trust  
☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

LECET SECURES PROJECTS AND JOBS INCREASES UNION  
SECTOR MARKET SHARE ADVERTISES THEIR SERVICES  
DEVELOPS A WORKFORCE AND ADVANCES SHARED MARKET  
RELATED INTERESTS

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

REIMBURSED TRAVEL EXPENSES FOR THE YEAR 2004

## 12 b Amount

\$1 725

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name LABORERS LOCAL 322 EDUCATION &amp; TRAINING FUND

Trade Name if any

P O Box Bldg Room No if any 361

Street 49 1/2 MAPLE STREET

City MASSENA

State New York ZIP Code + 4 13662

## 14 a Nature of payment

REIMBURSED TRAVEL EXPENSES FOR TRAINING AND  
EDUCATIONAL FUNCTIONS FOR 2004

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

\$1 917

## Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name BONADIO GROUP

Trade Name if any

P O Box Bldg Room No if any

Street 171 SULLY S TRAIL

City PITTSFORD

State New York

ZIP Code + 4 14534-4559

14 a Nature of payment

DINNER

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$125

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name FAV CONSULTING

Trade Name if any

P O Box Bldg Room No if any

Street 218 VALLEY VIEW ROAD

City NEW HARTFORD

State New York

ZIP Code + 4 13413

14 a Nature of payment

GOLF TOURNAMENT ENTRY FEE AND DINNER

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$101

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment



**LABORERS' INTERNATIONAL UNION  
of North America  
LOCAL NO. 322**

P O BOX 361  
49½ MAPLE STREET  
MASSENA NEW YORK 13662



PHONE 315 769-8731  
FAX 315 769 8522

August 12 2005

U S Department of Labor  
Employee Standards Administration  
Office of Labor Management Standards  
200 Constitution Ave NW  
Room N 5616  
Washington DC 20210

**Re Form LM 30 Filing For Richard L. Daddario, LIUNA Local 322, Labor Organization File NO. 015 089**

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM 30 for the 2004 reporting period. In filing this report I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM 30 report to seek systemic compliance with these requirements and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM 30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM 30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstances I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM 30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Richard L. Daddario  
Business Manager

